

Life/AD&D Change



King County

Benefits, Payroll and
Retirement Operations

- Submit this form *within 30 days* after a qualifying life event to change your supplemental life/accidental death and dismemberment (AD&D) insurance coverage. To find out what qualifying life events allow you to change life/AD&D coverage and its cost, call Benefits, Payroll and Retirement Operations at 206-684-1556 or refer to *Your King County Benefits* at www.kingcounty.gov/employees/benefits.
- Submit this form with an Add Dependent form to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle 98104-2333, or fax them to 206-296-7700.

Indicate change to your own supplemental life insurance

In general, if coverage is available under your plan, you may add, increase, decrease or discontinue supplemental life insurance to a maximum of \$400,000 for yourself when you marry, establish a new domestic partnership or your child first becomes eligible for coverage. (For more information, see *Your King County Benefits*.) Please indicate any changes you would like to make to your supplemental life insurance below.

	Regular Employees	Part-time Local 587 Employees	Deputy Sheriffs
<input type="checkbox"/> Keep my current coverage			
<input type="checkbox"/> Add/increase/decrease my coverage to:	1 x my BAS*	\$ 25,000	1 x my BAS* (minus \$6,000)
<input type="checkbox"/> Add/increase/decrease my coverage to:	2 x my BAS	\$ 50,000	
<input type="checkbox"/> Add/increase/decrease my coverage to:	3 x my BAS	\$ 75,000	
<input type="checkbox"/> Add/increase/decrease my coverage to:	4 x my BAS	\$100,000	
<input type="checkbox"/> Discontinue my current coverage			

*BAS = Base annual salary

Indicate new dependents you want added for supplemental life insurance

In general, dependents you add for health coverage can be added for supplemental life insurance if the coverage is available under your plan. (For more information, see *Your King County Benefits*.) Please provide new dependent information on the Add Dependent form, but check applicable boxes below if you want to add dependents for supplemental life insurance.

- ☐ Add new spouse/domestic partner at 50% of my supplemental amount
- ☐ Add new child for \$10,000

Indicate change to your own supplemental AD&D insurance

In general, if coverage is available under your plan, you may add, increase, decrease or discontinue supplemental AD&D insurance for yourself when you marry, establish a new domestic partnership or your child first becomes eligible for coverage. (For more information, see *Your King County Benefits*.) Please indicate any changes you would like to make to your supplemental AD&D insurance below.

- ☐ Keep my current coverage
- Add, increase or decrease my current coverage to:
 - ☐ \$ 50,000 ☐ \$ 150,000 ☐ \$ 250,000 ☐ \$ 350,000 ☐ \$ 450,000
 - ☐ \$ 100,000 ☐ \$ 200,000 ☐ \$ 300,000 ☐ \$ 400,000 ☐ \$ 500,000
- ☐ Discontinue my current coverage

(over for more benefit elections)

Indicate new dependents you want added for supplemental AD&D insurance

In general, dependents you add for health coverage can be added for supplemental AD&D insurance if the coverage is available under your plan. (For more information, see *Your King County Benefits*.) Please provide new dependent information on the Add Dependent form, but check applicable boxes below if you want to add dependents for supplemental AD&D insurance.

- ☐ Add new spouse/domestic partner at 100% of my supplemental amount
☐ Add new spouse/domestic partner at 50% of my supplemental amount
☐ Add new child at 10% of my supplemental amount

Authorize your change

I elect supplemental coverage for myself in the categories indicated, and I elect supplemental coverage for dependents as indicated on this form and the Add Dependent form. I understand this request must be received by Benefits, Payroll and Retirement Operations within 31 days of the event that qualified me to make these changes. I have read and understand county information describing supplemental life and supplemental AD&D insurance for dependents, including when coverage begins and evidence of insurability requirements. I authorize King County to deduct from my paycheck the cost of the supplemental coverage I've chosen. I understand the elections I've made are binding and cannot be revoked or modified except as explained in county information and until I submit the appropriate change form.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft Employee ID _____

Office use only	Date received	Processed by	Audited by	Date effective
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